

## **CASE MANAGEMENT – FACE SHEET**

**WHEN:** On admission and update as necessary to provide data for use in planning services.

**ON WHOM:** Clients receiving case management services from County or Contracted Case Management Programs.

**COMPLETED BY:** Case Management staff at County and Contracted Case Management Programs.

**MODE OF COMPLETION:** Legibly handwritten, typed or word-processed on forms HHSA:MHS-861.

**REQUIRED ELEMENTS:** As appropriate, all elements should be completed.

**NOTE:** This form may be filed in the front of the Clinical Record Manual.